

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E.H.</i>		
O.I.P.E. CLASSIFIER	<i>5/2</i>		
FORMALITY REVIEW	<i>5/17/01</i>		
RESPONSE FORMALITY REVIEW	<i>Zm</i>	<i>927</i>	<i>07/30/01</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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3003 C.C.  
 07/30/01  
 05-18-01